



City of Bloomington
Department of Public Works
401 North Morton Street, Suite 130
Phone (812) 349 3411 Fax (812) 349-3520

Mailing Address:
P.O. Box 100
Bloomington, IN 47402

Street or Traffic Lane Closure Application

Please Note: It shall be the responsibility of the party closing a street, traffic lane, parking lane, bike lane, or sidewalk to provide all necessary signage and traffic control devices. All signage and traffic control devices must adhere to, and be placed in accordance with, the Manual of Uniform Traffic Control Devices (MUTCD). It is also the responsibility of the party requesting the closure to make all appropriate notifications to Emergency Services, and any organization designated by the City of Bloomington Public Works Department. A notification list is available from the Public Works Department.

Street(s) : _____		
Starting at : _____ (Address or block where closure or restriction begins)		
Ending at : _____ (Address or block where closure or restriction ends)		
Type of Closure (check all that apply) : <input type="checkbox"/> Complete street closure <input type="checkbox"/> One traffic lane <input type="checkbox"/> Alley <input type="checkbox"/> 2 or more traffic lanes <input type="checkbox"/> Parking lane <input type="checkbox"/> Sidewalk <input type="checkbox"/> Bike lane		
Reason for Closure : <input type="checkbox"/> Utility Work <input type="checkbox"/> Work in Street <input type="checkbox"/> Loading or Unloading <input type="checkbox"/> Work on Sidewalk <input type="checkbox"/> Special Event <input type="checkbox"/> Work on Private Property <input type="checkbox"/> Other : _____		
Date(s) of Closure : From _____ to _____		Start time : _____ a.m. / p.m.
Overnight Closure Required : <input type="checkbox"/> Yes <input type="checkbox"/> No		End time : _____ a.m. / p.m.
Responsible Party Information		
Name or Organization : _____		
Contact Person : _____ Contact Phone No. : _____		
Contact Email : _____		
Signature : _____ Date : _____		
Printed Name : _____		
For Office Use		
Approved By : _____ Dept. : _____ Date : _____		
Approved By : _____ Dept. : _____ Date : _____		
Approved By : _____ Dept. : _____ Date : _____		
Approved By : _____ Dept. : _____ Date : _____		